

VOLUNTARY RESIDUAL PERCENTAGE REPORTING FORM

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| I. General Information | A. Name of applicant: |
| | B. Address: |
| | C. Telephone number: |
| II. General Facility/Activity | A. Name of facility: |
| | B. Address of facility: |
| | C. County: |
| | D. Telephone number at facility: |
| III. Reporting Information | A. Period covered by report (month and year): |
| | B. Number of operating days in the period covered by report: |
| | C. The total amount of material (cubic yards or tons) received in the reporting period: (If the volume is presented in cubic yards then provide the conversion factor.) |
| | D. The total amount of material of C. that was diverted: |
| | E. The total amount of material of C. that was destined for disposal: |
| | F. $E./C. \times 100 =$ % |
| A copy of the records for the period covered by the report: <input type="checkbox"/> is included <input type="checkbox"/> is not included | |
| The undersigned certifies that the information given and all attachments are true and accurate to the best of my knowledge and belief. | |
| Signature (Operator or Agent for Activity/Facility): _____ Date: _____ | |
| Print name: _____ Telephone number: _____ | |
| Title: _____ | |